

**CERTIFICATE OF FIRM OR PARTNERSHIP ENGAGED IN
BUSINESS UNDER NAME OTHER THAN OWN**

NAME OF FIRM OR PARTNERSHIP.....

KIND OF BUSINESS.....

PLACE OF BUSINESS.....

NAMES OF MEMBERS OF FIRM OR PARTNERSHIP, AND WHERE THEY
RESIDE, TO WIT;

.....RESIDES AT.....

.....RESIDES AT.....

.....RESIDES AT.....

.....RESIDES AT.....

SIGNATURE OF MEMBER OF FIRM.....

PRINTED.....

STATE OF INDIANA, TIPPECANOE COUNTY,ss:

The notary,....., deposes and says that.....

.....Has personal knowledge of the facts above stated,
that they and each of them are true,

Subscribed and sworn to before me thisday of....., 20.....

.....
Notary Public

.....
Printed

My Commission Expires.....County of Residence.....

This instrument was prepared by.....